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TO:	Examiner John Q. Nguyen	FROM:	Richard L. Addison <i>RLA</i>
COMPANY:	USPTO Grp. Art Unit: 3654	DATE:	7/22/2005
FAX NUMBER:	703-872-9306	TOTAL NO. OF PAGES INCLUDING COVER:	5
PHONE NUMBER:	703-308-2689	SENDER'S REFERENCE NUMBER:	6074.17
RE:	Application Ser. No.: 09/475,500 Filed: Dec. 30, 1999 Confirmation No.: 6392		

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

OFFICIAL

Please find attached 1) A Revocation of Power of Attorney with New Power of Attorney & Change of Correspondence Address and 2) Copy of Assignment Recordation Documents to file in the above-referenced patent application.

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The following documents are being submitted in the Recordation Division of the U.S. Patent & Trademark Office with respect to the U.S. patent application Ser. No. 09/475,500:

- 1) Revocation of Power of Attorney with New Power of Attorney & Change of Correspondence Address.
- 2) Copy of Assignment Recordation Documents

This collection of information is required by 37 CFR 1.8. The information is required to obtain or maintain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/475,500
Filing Date	12/30/1999
First Named Inventor	Daniel C. Notarnicola
Art Unit	3654
Examiner Name	Quoc John Nguyen
Attorney Docket Number	6074.017 (Formerly 4585-001)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

021176

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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OR

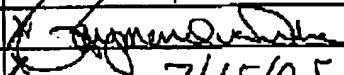
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Name	von Drobie Corporation		
Signature			
Date	7/15/05	Telephone	(800)438-3631

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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RECORDATION DATE: 07/10/2000

REEL/FRAME: 010953/0527
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

NOTARNICOLA, DANIEL C.

DOC DATE: 06/29/2000


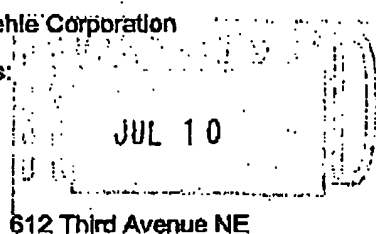
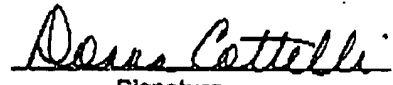
ASSIGNEE:

VON DREHLE CORPORATION
612 THIRD AVENUE NE
HICKORY, NORTH CAROLINA 28601

SERIAL NUMBER: 09475500
PATENT NUMBER:

FILING DATE: 12/30/1999
ISSUE DATE:

SHARON LATIMER, EXAMINER
ASSIGNMENT DIVISION
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FORM PTO-1585 (Rev. 8-93) CMB No. 0861-0011 (exp. 4/94)		08-01-2000  101419716		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office Atty. Docket No. 4585-001	
To the Commissioner for Patents: Please				or copy thereof.	
1. Name of conveying party(ies): Daniel C. Notarnicola			2. Name and address of receiving party(ies): Name: von Drehle Corporation Internal Address:  Street Address: 612 Third Avenue NE City: Hickory State: NC Zip: 28601		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other					
Execution Date: June 29, 2000					
4. Application number(s) or registration numbers(s): If this document is being filed together with a new application, the execution date of the application is: _____					
A. Patent Application No.(s) 09/475,500			B. Patent No.(s)		
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Donna Cottelli RHODES & MASON, P.L.L.C. Internal Address: P.O. Box 2974 Greensboro, NC 27402 Street Address: 1600 First Union Tower 300 North Greene Street Greensboro, NC 27401			6. Total number of applications and patents involved:1		
			7. Total fee (37 CFR 3.41): \$40.00 <input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account		
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Donna Cottelli Name of Person Signing		 Signature		July 6, 2000 Date	
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